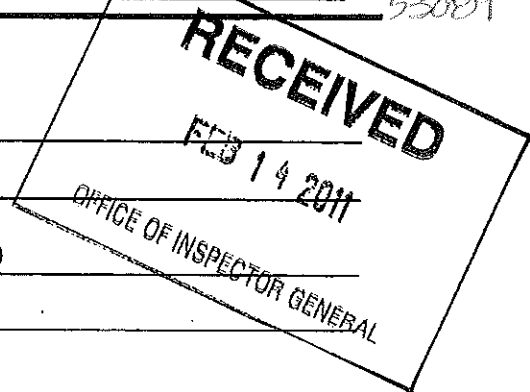


**Application for License to
Operate a Long-term Care Facility**

emailed validation letter 2/25/11

For Office Use Only
Received <u>2-14-11</u>
Amount <u>\$11,680-</u>

Ch# 53089



I. IDENTIFICATION

Name Christian Health Center

Address 200 Sterling Drive

City/County/Zip Hopkinsville, Christian 42240

Telephone number 270-885-1166

Administrator Frances Marko

Date facility operation began at current address March 1978

Date facility began operation under current owner March 1978

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>112</u>	<u> </u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City	<u> </u>	Corporation
<u>Private</u>		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Christian Care Communities

12710 Townepark Way The Cumberland Building

Louisville, KY 40243-1596

(OVER)

2/28

If facility owned or leased by a corporation, complete the following:

Name of corporation Christian Care Communities
Address of corporation 12710 Towne Park Way, The Cumberland Bldg, Louisville
President or Chairman Scott Coburn
Vice President Alan C. Parsons
Secretary Audrey L. Powell
Treasurer Donald Asfahl

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>Christian Care Communities</u>	<u></u>
<u>12710 Townepark Way, The Cumberland Bldg</u>	<u></u>
<u>Louisville, KY 40243-1596</u>	<u></u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Frances M. Marko
Signature of authorized representative

Administrator 1-27-11
Title Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

**Christian Care Communities
2011 Board of Directors Roster**

Name	Address	City	State	Zip	E-Mail/Telephone/Fax	Title	Terms	
							Beginning	Ending
Donna Blackburn						Director	1/1/2007	12/31/2014
Jane W. Burks						Treasurer	1/1/2008	12/31/2011
Tracey Clark						Director	1/1/2009	12/31/2012
Scott Coburn						Chair	1/1/2008	12/31/2011
Chadwick N. Gardner						Director	1/1/2008	12/31/2011
J. Martin McKinney						Director	1/1/2011	12/31/2014
Jerry T. Miller						Director	1/1/2008	12/31/2011
Sue Napper						Director	1/1/2009	12/31/2012
Barry Norfleet						Director	1/1/2011	12/31/2014
Alan C. Parsons						Vice Chair	1/1/2007	12/31/2014
Audrey L. Powell						Secretary	1/1/2008	12/31/2011

**Christian Care Communities
2011 Board of Directors Roster**

Name	Address	City	State	Zip	E-Mail/Telephone/Fax	Title	Beginning	Ending
Paul J. Schulte						Director	1/1/2008	12/31/2011
Christie L. Shrader						Director	1/1/2009	12/31/2012
Marie B. Smart						Director	1/1/2007	12/31/2014
Carla R. Whaley						Director	1/1/2010	12/31/2013